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|---|----------|--------------------------|--------------------------------|--------------------------------------|----------|--------------------------|----------------|---|
| Effective on 12/08/2004.  |          |                          |                                | Complete if Known                    |          |                          |                |   |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |          |                          |                                |                                      |          | 0/530,527-Conf. #6763    |                |   |
| FEE TRANSMITTAL   |          |                          |                                |                                      |          | December 16, 2005        |                |   |
| For FY 2008   |          |                          |                                |                                      |          | Masanori SAKAI           |                |   |
| 10111 2000  |          |                          |                                |                                      |          | J. W. H. Ng              |                | *************************************** |
| Applicant claims small entity status. See 37 CFR 1.27   |          |                          |                                | Art Unit 1763                        |          |                          |                |   |
| TOTAL AMOUNT OF PAYMENT (\$) 460.00   |          |                          | Attorney Docket No. 1592-0205P |                                      |          | IS1                      |                |   |
| METHOD OF PAYMENT (check all that apply)  |          |                          |                                |                                      |          |                          |                |   |
| Check Credit Card Money Order None Other (please identify):   |          |                          |                                |                                      |          |                          |                |   |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  |          |                          |                                |                                      |          |                          |                |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |          |                          |                                |                                      |          |                          |                |   |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |          |                          |                                |                                      |          |                          |                |   |
| Charge any additional fee(s) or underpayments of gee(s) under 37 CFR 1.16 and 1.17  |          |                          |                                |                                      |          |                          |                |   |
| FEE CALCULATION   |          |                          |                                |                                      |          |                          |                |   |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |          |                          |                                |                                      |          |                          |                |   |
|   | FIL      | ING FEES                 | SE                             | ARCH FEES                            | EXAMI    | NATION FEES              | 3              |   |
| Application Type  | Fee (\$) | Small Entity<br>Fee (\$) | Fee (\$                        | Small Entity ) Fee (\$)              | Fee (\$) | Small Entity<br>Fee (\$) | Fees Pa        | id (¢)                                  |
| Utility Utility   | 310      | 155                      | 510                            | 255                                  | 210      | 105                      | 1 665 1 6      | 11 <b>11</b> ( <b>4</b> )               |
| Design  | 210      | 105                      | 100                            | 50                                   | 130      | 65                       |                |   |
| Plant   | 210      | 105                      | 310                            | 155                                  | 160      | 80                       |                |   |
|   |          |                          |                                |                                      |          |                          |                |   |
| Reissue   | 310      | 155                      | 510                            | 255                                  | 620      | 310                      |                |   |
| Provisional   | 210      | 105                      | 0                              | 0                                    | 0        | 0                        |                |   |
| 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)  |          |                          |                                |                                      |          |                          |                |   |
| Fee Description Each claim over 20 (including Reissues)   |          |                          |                                |                                      |          |                          | 50             | 25                                      |
| Each independent claim over 3 (including Reissues)  |          |                          |                                |                                      |          |                          | 210            | 105                                     |
| Multiple dependent claims 370   |          |                          |                                |                                      |          |                          | 185            |   |
| Total Claims Extra C  | laime    | Fee (\$)                 | Foo F                          | Paid (\$)                            |          | Multiple Deper           |                |   |
| - =   | X        |                          | 1001                           | αια (ψ)                              | Fee (\$) |                          | Fee Paid (\$)  |   |
| HP = highest number of total claim  |          |                          |                                |                                      |          |                          |                |   |
| Indep. Claims Extra C   |          | Fee (\$)                 | Fee F                          | Paid (\$)                            |          |                          |                | -                                       |
| HP = highest number of independent claims paid for, if greater than 3.  |          |                          |                                |                                      |          |                          |                |   |
| 3. APPLICATION SIZE FEE   |          |                          |                                |                                      |          |                          |                |   |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 |          |                          |                                |                                      |          |                          |                |   |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |          |                          |                                |                                      |          |                          |                |   |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =   |          |                          |                                |                                      |          |                          |                |   |
| 4. OTHER FEE(S)  Fees Paid (\$)   |          |                          |                                |                                      |          |                          |                |   |
| Non-English Specification, \$130 Tex (no small entity discount)   |          |                          |                                |                                      |          |                          |                |   |
| Other (e.g., late filing surcharge) 1252 Extension for response within second month 460.00  |          |                          |                                |                                      |          |                          |                |   |
| SUBMITTED BY  |          |                          |                                |                                      |          |                          |                |   |
|   |          |                          |                                | Registration No.<br>(Attorney/Agent) | 29,680   | Telephone                | (703) 205-8000 |   |
| Name (Print/Type) Michael K   | Mutter   |                          |                                |                                      |          | Date                     | February       | 28 2008                                 |